

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/397454

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3	2					
4	2					
5	2					
6	2					
7	2					
8	2					
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29		1				
30		1				
31		1				
32	2					
33	2					
34	1					
35	1					
36	2					
37	2					
38	1					
39	1					
40	1					
41	1					
42	1					
43	1					
44	2					
45	2					
46	1					
47	1					
48	1					
49	2					
50	1					
TOTAL IND.	5		↓	↓	↓	↓
TOTAL DEP.	6	←	←	←	←	←
TOTAL CLAIMS	66					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52		1				
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.			↓	↓	↓	↓
TOTAL DEP.		←	←	←	←	←
TOTAL CLAIMS						